

BAY AREA NIGHT PHOTOGRAPHY MEETUP EMERGENCY CONTACT INFORMATION

Your Name _____

Your Cell Phone Number _____

Name of Emergency Contact (person not on tour) _____ Contact's Phone _____

Physician's Name _____

Physician's Phone Number _____

Please list any allergies (including insect bites, bee stings) or medical alert information:

I assume full responsibility for my health being such that the activities of this outing will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The official leader will be notified of any changes in my health status prior to clinic/trip departure.

I declare the statements on this form to be true.

Signature _____ Date _____

(Please do not leave any sections blank)